

## Chapter 2

# Introducing PPIP To Your Practice

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## Overview

There is no one single way to implement PPIP well. Every clinic has its own unique staff interests and talents, patient characteristics, resources, leadership, and flow of information. In all cases however, viewing PPIP as a **system** for integrating preventive services into the clinical practice, rather than as a separate program, is necessary for its' success.

To successfully implement the PPIP system, staff should:

1. Determine that PPIP is the desired system to assist staff in accomplishing the prevention goals of the clinic;
2. Introduce PPIP to the clinic, with assessment of the organizational climate;
3. Evaluate the current state of preventive care;
4. Design and implement a plan to integrate PPIP into the clinic; and
5. Evaluate the process, and design and plan for needed changes.

The discussion questions and exercises included in this guide should be used to facilitate the process of group learning through self-inquiry, decision making, and problem-solving. The information is presented as suggestions only, not as unbendable rules. Choose the tools that will be most helpful and appropriate for your team.

## Involving Staff

Each staff member must be included in the decision making process and all contributions should be considered and acknowledged.

Before an organizational systems change can occur, the entire staff should agree that:

1. Prevention is important;
2. It aligns with the clinic's values; and
3. The PPIP tools can help facilitate the group vision.

Understanding the values, attitudes, and beliefs of the staff can help establish support for the program before implementation begins. Staff members are far more likely to put energy into a program that is aligned with what they value as individuals and that they help to create.

## Resistance

It is important to acknowledge the value of staff members who openly resist change. Often these people honestly see barriers to change that they strongly feel need to be addressed. If you agree with the importance of their opinions and enlist all members in solving the problems together, the barriers can be overcome. Just as important, the resister may then become one of the major cheerleaders and innovators at your clinic.

### PPIP in Practice

#### “Learning That We All Want the Same Thing” at Alamo County Health Clinic

Based on previous change efforts, Susan, the nurse administrator at Alamo County Health Clinic, knew she would need to earn the trust of staff before seeking their participation in deciding whether to implement the PPIP system. The administrator who previously held Susan’s position did not include staff in decision making. As a result, staff members were hesitant to contribute their ideas. They felt as if they had no voice in what went on in the clinic and, believing that they had no power, showed little initiative in their work. As a consequence, change at Alamo County Health Clinic was difficult.

Susan viewed the implementation of PPIP as an opportunity to involve the staff in a project and to begin to create an open organization, where information was shared and learning could occur. First on her list was to facilitate the formation of a cohesive group that could work together as a team. She used every opportunity to help the team feel safe as a group and encouraged participation.

At the first of a series of staff trainings, Susan discussed her ideas openly and shared her personal vision of working in a clinic where people supported one another as a team. Susan proceeded to lead the staff in an activity in which members divided into smaller groups and interviewed each other. The interview questions focused on why they chose to do the work they were doing. Was this something they had always wanted to do? Why was it important? How did they get to where they are today? The purpose of the exercise was to have members learn more about each other and explore their personal values.

Following the interviews, members of each small group introduced each other to the larger group. As staff shared the stories of their colleagues, Mary, the receptionist, listed some of

the important points on a black board in the front of the room. The entire staff reviewed the list and picked out themes and similarities among the responses. They learned that they had much in common and wanted the same things. Most chose the health care field because they cared about people and they believed in supporting the local community. Between this meeting and the next, staff members were invited to explore their personal vision in more depth.

The next meeting built on the foundation of individual values and beliefs to create a slogan that incorporated their collective vision: “Alamo County Health Clinic—Supporting Our Health Builds a Strong Community.” The staff agreed that this statement expressed the direction in which they wanted to move. The Alamo County Health Clinic’s vision statement was printed on the back of the staff’s business cards. A colorful poster created by a local artist highlighted the group’s mission and hung prominently in the waiting area. The staff began to feel proud of their clinic, part of a strong team, and happier in their work. Patients commented on the difference in the feel of the clinic and they were excited about the change.

As the monthly training meetings continued, the staff focused on how they could manage their clinic to align with their vision. They discussed what health meant to them. They learned that they all valued prevention and so they explored why they weren’t offering more preventive services at the clinic. At this meeting Susan introduced PPIP to the staff and asked the staff what they thought. Staff members saw how PPIP could help them deliver and document preventive services. While they recognized the work that would be involved, the staff was excited about helping to create the change. Implementing PPIP was directly in line with their vision of promoting health to strengthen the community.

## Assessing Organizational Climate

The process of having your staff discuss the following questions, debate, disagree, and finally agree, will be an exciting one. The processing, the final plan, and the changes that evolve are as individual to your site as the staff members you have.

What are the values, attitudes, and beliefs of our staff about prevention?

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What are the values, attitudes, and beliefs of our patients about prevention?

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What kind of preventive services do we envision providing to all our patients?

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What is the difference between our vision and current status?

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Do we perceive a need to change?

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# 2

## C H A P T E R

### TWO

Are we ready to make the change?

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## Developing a Working Team

What is learned in the process of forming a working team can help to formulate a group philosophy—a collective vision. When the group members compare their newly created vision with current status and sees the difference, they have a direction in which to proceed. An effective vision is “one that possesses the scope and power to mobilize a quick and ambitious journey of discovery” (Redding & Catalanello, 1994, p. 65). Since the future is inherently unpredictable, this established direction can and should be revisited, reevaluated and redefined often. **The vision provides an impetus for change rather than a specific outcome.**

### Vision Exercise

- Facilitate group discussion on individual values and beliefs.
- Uncover themes among group members as values are shared.
- Create a collective vision from the group themes.

### Interviews

- Explore staff’s perception of the clinic.
- Inquire about their job satisfaction.

### Observe Group Process

- Note how communication flows among staff.
- What roles do staff play in the communication process?
  - Who are the initiators of communication?
  - Who are the non-communicators?
- How do staff members work together?
  - Who is task-oriented?
  - Who is a natural leader?

## Assessing Staff Readiness for Change

### Readiness Questionnaire

The instrument on the following page evolved from the evaluation research done by the University of Texas with the first group of PPIP demonstration sites. Analyzing the qualitative data gathered through interviews with staff members at each clinic, the University of Texas researchers determined qualities that were common to all of the successful sites. This resulted in the development of the readiness questionnaire, which was published in the December 1996 issue of Texas Medicine.

The instrument entitled “Readiness to Put Prevention Into Your Practice” was designed to be a stimulus for discussion about the readiness of a practice to change. It was not intended, nor tested, to be utilized to determine a particular numerical score which may or may not be considered “adequate for change.”

To begin to assess organizational attitudes and beliefs, have staff members at all levels and from all departments fill out a readiness questionnaire anonymously. A basic analysis could entail counting the number of final scores in each of the three categories

- 7-8 High readiness
- 4-6 Need more communication
- 0-3 Not ready

Significant disagreement in the distribution of scores would indicate the need for more communication among your staff members. You may want to call a staff meeting and facilitate an open discussion. The focus of the discussion might be an assessment of the organizational climate (see page 9).

Again, it is important to ensure that each person feels valued for her/his opinion and contribution so that the information can flow freely. If you are hoping to implement a systems change, it is imperative to understand the various perceptions of staff. Each staff member’s behavior in relationship to your change effort will be affected by his/her

understanding of the organizational climate.

## Readiness to Put Prevention Into Your Practice

The objective of this survey is to assist you in deciding whether you are ready to successfully put prevention into your practice and to assist you in identifying those areas in which improvement is needed for an easier implementation process.

Answer the questions below as truthfully as possible.

QUESTIONS	Yes	No
<b>Program Champion</b> Our practice has someone who is willing to truly make prevention happen (someone with vision, leadership, and authority to make it work).	Y	N
<b>Philosophy of Prevention</b> Prevention is an important aspect of the care we provide in this practice.	Y	N
<b>Pre-Implementation Planning</b> We can allow adequate planning time to incorporate prevention into our practice.	Y	N
<b>Role in Patient Education</b> The physicians and nurses in our practice regard patient education as one of their main tasks.	Y	N
<b>Administrative Support</b> This practice is willing to allocate resources (time, training, personnel, space, etc.) to implement a comprehensive clinical prevention program.	Y	N
<b>Team Work</b> Internal communication and team work is strong among staff and physicians in our practice.	Y	N
<b>Prior Prevention Programs</b> Our practice has already implemented, or has tried to implement, specific programs for prevention (such as cancer prevention program, smoking cessation, diabetes, etc.)	Y	N
<b>Quality Assurance</b> We have a quality system (such as TQM, CQI) in place to assess and improve patient care service delivery.	Y	N

Count the number of times you answered "Yes"

- 7-8 High readiness for putting prevention into practice
- 4-6 May need more information. Address issues with a "No" response.
- 0-3 Not yet ready. Need to address issues with a "No" response.

Developed by the Bureau for Disease and Injury Prevention, Texas Department of Health, the Department of Kinesiology and Health Education, University of Texas at Austin, and the Texas Medical Association.

This instrument is a self-assessment tool. Consider having staff from all areas of your practice take the test, then compare and discuss beliefs about what is actually happening in your practice. Examining which questions had "No" responses suggests areas to be addressed during your planning an effective prevention program. One of the most important determinants of success is the presence of a "Program Champion." Are you ready? If not, is there someone else in your practice who can support a move towards readiness? Success requires commitment and involvement from all staff. Physicians and staff need to see each visit as an opportunity (possibly the ONLY opportunity) to address long term needs and prevention. For further assistance, contact the Texas Medical Association's Healthy Patient 2000 program at 512-370-1463 or the Texas Department of Health's Adult Health Program at 512-458-7534.

Adapted with permission of Texas Medicine, December 1996

## Involving Patients

Since health behaviors have a great impact on health status, it would be mutually beneficial to engage your patients as partners in their care. Learning about the attitudes and beliefs of your patients demonstrates a respect that could support them in taking ownership of the need for change. As you listen to what is important to them, you form a foundation of trust on which to build a relationship. There are various ways to listen to your patients. For instance, patient focus groups are a method of gathering information on patients' understanding of health and prevention, as well as their views of the clinic and staff. You can also have customer satisfaction surveys, suggestion boxes, or even elect a patient representative to the governing board.

When patients feel valued and respected, they are more receptive to what you have to teach. One of the most important ways your patients learn is by observing the attitudes and behaviors of the staff. You demonstrate the value you place on prevention, health, relationships, and respect for others in every encounter. Remember, your patients are watching you!

### Activities for Involving Patients

#### Focus Groups

- Invite an outside consultant to conduct focus groups with your patients.
- Offer patients a small incentive to participate (lunch, gift certificate, small cash amount, free health and wellness visit).

#### Questionnaires—Patient Satisfaction

- Prepare a brief questionnaire that patients can complete while waiting for their appointment. (TDH form PHC-302 can be used for this purpose)
- Mail a short questionnaire along with reminder cards.

#### Brief Interviews (Telephone/Front Desk)

- On a rotating basis, have staff contact patients at random to ask one or two questions relating to the patients' satisfaction with the clinic.
- At the time of a visit, have one or more staff members ask a brief question relating to patient satisfaction.

### Suggestion Box (Comment Cards)

- Offer comment cards for patients to express feedback about the clinic. These may be submitted anonymously or the patients may give their name and number if they wish to be contacted by the staff.

## Tools and Activities for Introducing PPIP as a Possibility

### Introduction/Presentation Meeting—Sample Agenda

#### Team Presentations of Findings

- Patients opinions
- Vision of staff
- Readiness for change

#### PPIP Presentation Materials

- Invite your regional clinical prevention specialist to present an introduction to PPIP at a group meeting.
- Obtain materials (overhead transparencies, handouts) for a group presentation (call the Texas Department of Health's Adult Health Program at 512-458-7534).

#### Future Vision

- Discuss whether PPIP would assist in realizing your vision. If there is a consensus that it will, you can proceed to the next step, which is to measure what preventive services you are currently providing.

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## C H A P T E R

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